

# MANUFACTURED HOME ON PERMANENT FOUNDATION

## BUILDING PERMIT APPLICATION

**Applicant to complete numbered spaces only.**

JOB ADDRESS			
LEGAL 1. DESCR.	LOT NO.	BLK.	ADDITION
		<input type="checkbox"/> SEE ATTACHED SHEET	
OWNER	MAIL ADDRESS		ZIP                      PHONE
2.			
CONTRACTOR	MAIL ADDRESS		PHONE
3.			
ENGINEER (IF APPLICABLE)	MAIL ADDRESS		PHONE                      LICENSE NO.
4.			
LENDER	MAIL ADDRESS		BRANCH
5.			
USE OF BUILDING			
6.			
DESCRIBE WORK			
7.			
NOTE: A plot plan showing front, rear and side yard setbacks are required with this application.			
VALUATION OF WORK			SPECIAL CONDITIONS
8.                      \$			
PLAN CHECK FEE		PERMIT FEE	
APPLICATION ACCEPTED BY	PLANS CHECKED BY	APPROVED FOR INS. BY	

  

<p style="text-align: center;"><b>NOTICE</b></p> <p><b>SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL AND PLUMBING.</b></p> <p>THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS OR IF CONSTRUCTION WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.</p> <p>I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.</p> <p>_____</p> <p>SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT</p> <p>_____</p> <p>DATE</p> <p>_____</p> <p>SIGNATURE OF OWNER (IF OWNER IS BUILDER)</p> <p>_____</p> <p>DATE</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Special Approvals</th> <th style="width: 20%;">Required</th> <th style="width: 20%;">Received</th> <th style="width: 40%;">Not Required</th> </tr> <tr><td>ZONING</td><td></td><td></td><td></td></tr> <tr><td>HEALTH DEPT.</td><td></td><td></td><td></td></tr> <tr><td>FIRE DEPT.</td><td></td><td></td><td></td></tr> <tr><td>SOIL REPORT</td><td></td><td></td><td></td></tr> <tr><td>OTHER (Specify)</td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> </table>	Special Approvals	Required	Received	Not Required	ZONING				HEALTH DEPT.				FIRE DEPT.				SOIL REPORT				OTHER (Specify)																																			
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**WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT**